



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT RANDOLPH HOSPITAL

City of Hospital: Winchester

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: John Arthur

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Medicare Provider Number: 151301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10043303
Outpatient Patient Service Revenue	\$66502377
Total Gross Patient Service Revenue	\$76545680

2. Deductions From Revenue

Contractual Allowance	\$49479676
Other Deductions	\$1965128
Total Deductions	\$51444804

3. Total Operating Revenue

Net Patient Service Revenue	\$25100876
Other Operating Revenue	\$397033
Total Operating Revenue	\$25497909

4. Operating Expenses

Salaries and Wages	\$8089781	Employee Benefits	\$2246638
Depreciation and Amortization	\$903823	Interest Expense	\$482845
Bad Debt	\$0	Other Expenses	\$10827117
Total Operating Expenses	\$22550204		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2947705	Total Assets	\$17259487
Net Non-operating Gains over Loss	\$-13610	Total Liabilities	\$17259487

Total Net Gains	\$2934095
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28764026	\$20193456	\$8570570
Medicaid	\$22269024	\$16053075	\$6215949
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25512630	\$15198273	\$10314357
Total	\$76545680	\$51444804	\$25100876

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$117475	\$160683	\$-43208

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$71123	\$-71123
Community Education	\$0	\$77894	\$-77894

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$10186
Number of Citizens Exposed to Health Education Messages	\$12500

Statement Six: Charity Statement

Hospital Charity Charges	\$5737699
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1632090	
HCI Payments	\$0		
Subtotal	\$0	\$1632090	\$-1632090
Medicaid Shortfalls	\$0	\$601170	
Subtotal	\$0	\$2233260	\$-2233260
DSH Payments	\$3253459		
Subtotal	\$3253459	\$2233260	\$1020199
Medicare Shortfalls	\$0	\$-82033	
Other Government Programs	\$0	\$0	
Total	\$3253459	\$2151227	\$1102232

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$71123	\$-71123
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$88833	\$-88833

Comments

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